

0004-WS
02-8601-25/NYH 2

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Work Plan No. 02-8601-25 -W1
Revision 0

NUS CORPORATION
WORK PLAN
FOR THE

Preliminary Assessment
FMC/BUFFALO STAMPING PLANT

Located in

BUFFALO, N.Y. ERIE COUNTY

Prepared by

Region II

Raritan Plaza III
Fieldcrest Avenue
Edison, New Jersey 08837

Preparer:

Michael Rosenberg

Date:

2/17/86

Review and Approval:

Robert J. Dato
QA Representative

Date:

2/21/86

Review and Approval:

B. Taylor
Regional Project Manager

Date:

2/21/86

424141



PROJECT SUMMARY

TDD No.: 02-8601-25 US EPA Site No.: NYD071474639
Site/Project Name: EMC/BUFFALO STAMPING PLANT
Location: BUFFALO, NY
NUS/FIT Project Manager: Ron Naman
EPA Site Manager/Contact: Diana Messina
State Site Manager/Contact: CHARLES GODDARD - NYDEC
Date TDD Opened: 1/27/86 Date of Completion: 3/21/86
Estimated Technical Hours: _____ Estimated Subcontract Cost: N/A
Account No. 0400.01, TDD Priority (✓): _____ High, X Medium, _____ Low

Summary of Assignment (Attach copy of TDD as Attachment A):

See attached TDD

Attach And Reference Additional Sheets If Necessary

PROJECT SUMMARY (cont'd)**Deliverable/Final Product to EPA (e.g. reports, etc):**

Four page Preliminary Assessment (PA) Report

(Includes EPA Form 2070-12 and supporting documentation)

Deliverable/Final Product Review Process:

This only applies to the final TDD deliverable to EPA
Review Scope (✓):

 X Review for conformance to project control documents.
(ie. the TDD and this workplan).

 X Review for technical and editorial content.

Required Review and Approvals (✓):

 X Technical Supervisor

 X Review Committee, If applicable list names or disciplines.

 A qualified reviewer not involved with deliverable preparation

 will be selected.

 X QA Representative

 X Regional Project Manager or designee (ie. ARPM)

Site History/Description:

Prepare brief description of the site (landfill, drum storage, etc.), conclusions from past data assessments, and indicate the current or past operators.

UNKNOWN

PROJECT OVERVIEW

Technical Approach (Reference sampling plan, if attached):

All P.A. activities will be conducted in accordance with NUS Operating

Guidelines Manual section 4.15 "Preliminary Assessments", Draft 2, 7-16-84

Attach and Reference Additional Sheets If Necessary

Personnel Assignments:

List personnel assignment(s) for each TDD task or specific element.

<u>TDD Specific Element</u>	<u>Required Discipline(s)</u>	<u>Number of Persons Required</u>	<u>Responsibilities/Duties</u>
<u>1</u>		<u>1</u>	Project Manager (PM) - Responsible for locating and assembling all relevant background information.
<u>1</u>		<u>1</u>	Assistant to PM in obtaining and assembling relevant background information.
<u>2</u>		<u>1</u>	PM - Responsible for review and evaluation of relevant background information necessary to develop PA Report. Additionally will plan and conduct off-site reconnaissance if necessary.
<u>2</u>		<u>1</u>	Assistant to PM - Responsible for documentation during off-site reconnaissance.

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Personnel Assignments (Cont'd)

[illegible]

PROJECT OVERVIEW (cont'd)

Schedule of Activities:

Check off as appropriate.

- ☒ See copy of TDD provided as attachment A.
☐ See attachment A-1

Referenced Background Data:

List background reference material (Usually provided by US EPA).

R.C.S. 2/20/86 Site was identified on US EPA CERCLA list

Attach And Reference Additional Sheets If Necessary

Safety and Health Considerations:

Refer to the attachment B, the site safety plan which has been approved by the Regional Safety Officer and RPM.

Ref#: 02-8601-25 -S1

Date: LB 2/18/86
(Safety Officer Approval Date)

ESTIMATED COST ASSOCIATED WITH ANALYTICAL SUPPORT

[illegible]

*If required, include Special Analytical Services (SAS) cost estimates.

Required Resource List (For equipment, list major items only):

[illegible]

* If measuring or test equipment is needed, indicate whether its required use is for health and safety screening or for evidentiary data collection.

Interface/Planning Requirements (Reference attachments if necessary):

Interface with EPA: FIT RPO, Diana Messina (201) 321-6776

Interface with State/Local Agencies: Background File Searches to be conducted at State
Offices.

Site Access Arrangements (site contact, etc.):

N/A

Community Relations Planning Requirements (Briefly described EPA approved protocol for
interface with media contacts): Any media or public inquiries concerning P.A. activities
associated with this site will be referred to EPA.

Training Requirements: N/A

N/A

REFERENCED TECHNICAL GUIDANCE FOR PROJECT ACTIVITIES

Reference the appropriate technical guidance which will apply to technical project activities performed during the course of this project. The primary reference is the NUS Superfund Division Operating Guidelines Manual (OGM). When applicable, other EPA accepted standard operating guidelines (SOG) and procedures (SOP) may be referenced.

Technical guidance must be specifically referenced. If portions of the OGM are referenced, indicate the OGM section and, if applicable, the subsection. Reference of EPA SOG's and SOP's must indicate the publication title, number and date.

If a technical project activity is not applicable indicate "NA". If a technical project activity is not provided, list it under "other" (see page 10 of 11) and reference applicable technical guidance.

<u>Reference</u>	<u>Technical Project Activity</u>
	Ambient Air Sampling (OVA, HNU, etc.)
N/A	Ground-Water Sampling
N/A	Surface-Water Sampling
N/A	Soil/Sediment Sampling
N/A	Tap Water Sampling
N/A	Land Surveying
N/A	Electrical Resistivity Survey
N/A	Electromagnetic Survey
N/A	Magnetometer Survey
N/A	Metal Detection Survey
N/A	Ground Penetrating Radar Survey
N/A	Seismic Survey
N/A	Water Level Measurements
N/A	Perimeter Survey
N/A	Site Inspection
N/A	Soil Borings/Well Installation
N/A	Bedrock Fracture Analysis
N/A	Pump/Permeability Tests
N/A	Preparation of Water Table Maps
N/A	Preparation of Bedrock Contour Maps

REFERENCED TECHNICAL GUIDANCE FOR PROJECT ACTIVITIES (Cont'd)

[illegible]

QA PROGRAM APPLICABILITY

The following portions of the NUS Superfund Division Quality Assurance Manual are applicable to the performance of specific work activities defined in TDD # 02-8601-25.

(✓)	Number	Subject
<u>X</u>	QAP 2.5	Work Plans
<u> </u>	QAP 3.1	Control of Remedial Design Activities
<u> </u>	QAP 3.2	Drawing Control
<u> </u>	QAP 3.3	Design Calculations
<u>X</u>	QAP 4.1	Field Data Collection
<u> </u>	QAP 4.2	Data Reduction, Validation, and Reporting
<u> </u>	QAP 5.1	Preparation of Procurement Documents
<u> </u>	QAP 5.2	Subcontractor Quality Assurance Requirements
<u> </u>	QAP 6.1	Preparation of Instructions and Procedures
<u>X</u>	QAP 7.1	Identification of Controlled Evidentiary Documents
<u>X</u>	QAP 7.2	Issuance and Distribution of Controlled Documents
<u> </u>	QAP 7.3	Development, Documentation, Verification, and Retention of Software Programs
<u>X</u>	QAP 7.4	Technical Reports
<u> </u>	QAP 8.1	Control of Subcontractor Procurement Activities
<u> </u>	QAP 8.2	Evaluation and Selection of Subcontractors
<u> </u>	QAP 9.1.F2	Chain of Custody
<u> </u>	QAP 9.2.F2	Sample Control
<u> </u>	QAP 10.1	Analysis Techniques
<u>X</u>	QAP 11.1	Offsite Reconnaissance
<u> </u>	QAP 11.2	Onsite Inspections
<u> </u>	QAP 12.1	Implementation of Measuring and Test Equipment Controls
<u> </u>	QAP 13.1	Packaging, Marking, Labeling, and Shipping of Samples from Hazardous-Waste Sites
<u>X</u>	QAP 14.1	Nonconformance Reporting, Evaluation, and Disposition
<u>X</u>	QAP 15.1	Implementation and Documentation of Corrective Actions
<u>X</u>	QAP 16.1	Storage and Retrieval of Quality Assurance Records and SFD Project Files
<u> </u>	QAP 17.4	Preparation for Audit
<u> </u>	QAP 17.6	Quality Notices

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ATTACHMENT A

TDD

(Attach Copy of TDD)

1. COST CENTER: F-2		REM/FIT ZONE CONTRACT TECHNICAL DIRECTIVE DOCUMENT (TDD)			2. NO.: 02-8601-25	
ACCOUNT NO.: 0400.01						
3. PRIORITY: <input type="checkbox"/> HIGH <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> LOW	4. ESTIMATE OF TECHNICAL HOURS: 55	5. EPA SITE ID: 	6. COMPLETION DATE: 3/21/86	7. REFERENCE INFO.: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ATTACHED <input type="checkbox"/> PICK UP		
	4A. ESTIMATE OF SUBCONTRACT COST: N/A	5A. EPA SITE NAME: <u>FMC/BUFFALO</u> <u>STAMPING PLANT</u>				
8. GENERAL TASK DESCRIPTION: <u>FMC/BUFFALO STAMPING PLANT</u> <u>BUFFALO, NY, ERIE COUNTY</u> <u>Preliminary Assessment</u>						
9. SPECIFIC ELEMENTS: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> 1. Conduct File Search Of U.S. EPA, State EPA, And/Or Local Municipal And/Or Health Agency Files 2. Review And Evaluate Available Information And Conduct Off-Site Reconnaissance If Necessary 3. Submit Four-Page Preliminary Assessment Report (Includes EPA Form 2070-12) </div>				10. INTERIM DEADLINES: <u>2/21/86</u> <u>3/14/86</u> <u>3/21/86</u>		
11. DESIRED REPORT FORM: FORMAL REPORT <input checked="" type="checkbox"/> LETTER REPORT <input type="checkbox"/> FORMAL BRIEFING <input type="checkbox"/> OTHER (SPECIFY): _____						
12. COMMENTS: <u>Overtime Approved</u>						
13. AUTHORIZING RPO: <div style="display: flex; justify-content: space-between;"> <u>Diana Messina</u> (SIGNATURE) </div>				14. DATE: _____		
15. RECEIVED BY: <div style="display: flex; align-items: center;"> <div style="flex: 1;"> Ronald M. Naman </div> <div style="flex: 1; text-align: center;"> <input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> ACCEPTED WITH EXCEPTIONS <input type="checkbox"/> REJECTED (CONTRACTOR RPM SIGNATURE) </div> </div>				16. DATE: <u>1/27/86</u>		

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ATTACHMENT B

SAFETY PLAN

(Must have Identifying Control #)

ABBREVIATED SITE SAFETY PLAN FOR OFF-SITE RECONNAISSANCE

SITE NAME: FMC/BUFFALO STAMPING PLANT TDD NO: 02-8601-25ADDRESS: S-3663 LAKE SHORE RD.BUFFALO, N.Y. ERIE COUNTYPURPOSE OF SITE VISIT: PRELIMINARY ASSESSMENT

PROPOSED DATE OF WORK: _____

PROPOSED SITE INVESTIGATION TEAM: Individuals will be listed in the field notebook.

SITE STATUS: ☐ Active ☐ Inactive ☒ Unknown DENNIS SUTTON
JOE MAYOSITE DESCRIPTION: UNKNOWNSITE HISTORY: UNKNOWNPERIMETER ESTABLISHMENT: All work will be conducted off-site from public access areas.Perimeter identified?

MONITORING EQUIPMENT:

☐ HNU ☒ TLD Badge
☐ OVA ☐ Radiation mini-alert
☐ Victoreen Radiation DetectorPLAN PREPARATION:Prepared by: Michael Rosenberg (2/17/86)Approvals:Regional Health & Safety Manager: Shirley Auerding (2/18/86)Regional Project Manager: J. B. Taylor (2/21/86)

EMERGENCY INFORMATION:**LOCAL RESOURCES:**

Ambulance (Name):	<u>TECH. MEDICAL EMERGENCY</u>	Phone	<u>716 - 825 - 8025</u>
Hospital (Name):	<u>OUR LADY OF VICTORY HOSPITAL</u>	Phone	<u>716 - 825 - 8000</u>
Police (Local or State):	<u>LACKAWANA POLICE</u>	Phone	<u>716 - 822 - 4900</u>
Fire Dept.(Name & Volunteer?):	<u>LACKAWANA FIRE</u>	Phone	<u>716 - 823 - 0211</u>
Radio Channel:	_____		
Nearest Phone:	_____		

OFFICE RESOURCES:

Region II FIT Office	201-225-6160
Diana Messina-EPA RPO	201-321-6776 (office)
Ron Naman-RPM	201-873-0166 (home)
Rich Califano-ARPM	914-337-3423 (home)
Laurie Gneiding-RHSM	201-534-2907 (home)
Tom Centi-ZPMO	703-522-8802 (office)

EMERGENCY CONTACTS: (Medical and Health)

- o Dr. David K. Parkinson (NUS Consulting Physicians - University of Pittsburgh)
Dr. Hodgson

24 Hour Number 412-624-0127

Say that you are from NUS Corporation and that this is an emergency call.
Nights and weekends you must give your name and number where the physician can call you back.

- o Gary Smith (NUS Zone Health and Safety Manager)

Office	412-788-1080
Home	412-695-3667

- o Regional Health Maintenance Program
Gateway Health Services

Dr. Edward Holstein	201-225-5454
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- o Poison Information Center
NJ 800-962-1253
NY 201-926-8005

DIRECTIONS TO HOSPITAL (Attach Map): LAKE SHORE RD. NORTH TO

ROUTE 179. TAKE 179 EAST TO ROUTE 62. 62 NORTH TO

INTERSECTION OF RIDGE RD. AND OUR LADY OF VICTORY HOSPITAL.

LACKAWANNA

Springville

Blasdell

Woodlawn LAKEVIEW AVE

Bayview

Athol Springs

14010 TREE

14219

1-1